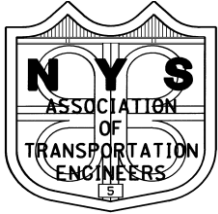


**New York State Association of Transportation Engineers
Section 5**



April 5, 2016

Dear Member:

I have enclosed the information and application for our 2016/2017 Frederick E. Bragg and John T. Metzger Memorial Scholarship Program. Please type or print all information required.

Attach additional sheets, if necessary, for any question. Remember that our committee does not know you or your capabilities; therefore, anything that you want to include to sell yourself as a student is acceptable.

Please send all information to me at the following address:

NYSATE-Section 5, Scholarship
C/O Sylvia J. Jones
Secretary/Treasurer
P.O. Box 326
Getzville, NY 14068-9998

All information provided will be kept confidential. Any information provided will be destroyed unless you request that it be returned after the selection process. Please complete and return the application form by May 31, 2016. Good Luck.

Sincerely,

Sylvia J. Jones
NYSATE Secretary/Treasurer
Section 5

SJJ
Enclosure

President
Scott Johnson

Vice-President
Kimberly Lorenz

Secretary/Treasurer
Sylvia J. Jones

Local Director
Lisa Bevilacqua

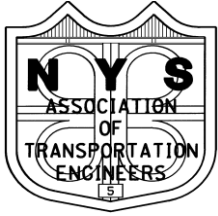
Local Director
Cameron Schultz

State Board
Director Kevin
Marracino

Past President
Vacant

Appointments
Chris Gaul
Paul Kozlowski

New York State Association of Transportation Engineers
Section 5



President
Scott Johnson

Vice-President
Kimberly Lorenz

Secretary/Treasurer
Sylvia J. Jones

Local Director
Lisa Bevilacqua

Local Director
Cameron Schulz

State Board Director
Kevin Marracino

Past President
Vacant

Appointments
Chris Gaul
Paul Kozlowski

APPLICATION FOR SCHOLARSHIP

SPONSORED BY THE NEW YORK STATE ASSOCIATION OF TRANSPORTATION ENGINEERS

SECTION I - GENERAL

The New York State Association of Transportation Engineers Section 5 Scholarship...

1. Shall be one of two in the amount of \$750.00, and up to two in the amount of \$500.00.
2. Shall be awarded for two or four year schools.
3. Will be used by the recipient at an accredited school of her/his own choice and recipient must be considered a full time student. (Minimum 15 credit hours)
4. Will be paid directly to the individual as part or complete payment of tuition or other school charges.
5. Upon winning a scholarship, candidate must submit proof as required by the President of Section 5 of attending school in 2016-2017 school year.

SECTION II - CANDIDATE FOR SCHOLARSHIP

Candidates for Scholarship...

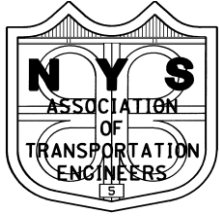
6. Must be a child or ward of a member, or member, except Honorary Members, of the New York State Association of Transportation Engineers. Such members shall be in good standing and have an unbroken membership for a period of one year preceding the awarding of the scholarship and keep their membership paid up during the tenure of the scholarship; or a child of a deceased member who would have been eligible if the parent were living.
7. Must be a High School Senior or Graduated and not beyond a Junior in College at the time of the application.
8. Must submit their application for scholarship to the Section 5 Secretary/Treasurer, Sylvia J. Jones, no later than **May 31, 2016**.
9. Must present a letter of recommendation from their high school official or college academic counselor or teacher at the time of their application.
10. Must adhere to all rules and regulations set forth herewith.

SECTION III - CANDIDATE SELECTION

The recipient for the Scholarship will be selected by the Section 5 Scholarship Selection committee. The Committee will base its selection on the following:

- Scholastic ability (High School or College average and S.A.T. scores).
- Financial need.
- Extra-curricular activities.
- Ambition (Initiative)

New York State Association of Transportation Engineers
Section 5



APPLICATION FOR SCHOLARSHIP

SPONSORED BY THE NEW YORK STATE ASSOCIATION OF TRANSPORTATION ENGINEERS

President
Scott Johnson

Vice-President
Kimberly Lorenz

Secretary/Treasurer
Sylvia J. Jones

Local Director
Lisa Bevilacqua

Local Director
Cameron Schulz

State Board Director
Kevin Marracino

Past President
Vacant

Appointments
Chris Gaul
Paul Kozlowski

1. **CANDIDATES NAME:** _____
Last First MI

2. **ADDRESS:** _____
Street City State Zip

3. **DATE OF BIRTH:** _____

4. **RELATIONSHIP TO NYSATE SECT. 5 MEMBER (CHECK ONE)**

Son Daughter Ward

5. **MEMBERS NAME:** _____

WORK LOCATION: _____

TITLE: _____

LENGTH OF MEMBERSHIP: _____

6. **NUMBER OF DEPENDENTS IN FAMILY** _____

REFERENCES Name Address Telephone

- 1. _____
- 2. _____
- 3. _____

7. **GROSS FAMILY INCOME:** _____

8. **EDUCATION: HIGH SCHOOL** _____ **CLASS OF** _____
COLLEGE _____ **CLASS OF** _____

ATTACHE HIGH SCHOOL OR COLLEGE TRANSCRIPTS AND SAT RESULTS
HIGH SCHOOL AND/OR COLLEGE EXTRA CURRICULAR ACTIVITIES

9. **MAJOR YOU PLAN TO OR ARE FOLLOWING:** _____

10. **COLLEGE YOU WILL OR ARE ATTENDING:** _____

12. **ARE YOU A PREVIOUS NYSATE SCHOLARSHIP WINNER:** YES NO

YEAR: _____ AMOUNT _____

I affirm that all the information above and enclosed is true and accurate to the best of my knowledge.

APPLICANTS SIGNATURE : _____ **DATE:** _____

MEMBERS SIGNATURE: _____ **DATE:** _____